Proposed Synopsis for Ph.D. Pre-registration Seminar
On:

EFFECTIVENESS OF SCHEMA FOCUS THERAPY AMONG YOUTH EFFECTED THROUGH MEDIA VIOLENCE

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Effectiveness of schema focus therapy among youth effected through media violence

1.0 introduction

1.1 State of the art

1.2 Violence

Violence is an act of physical force that causes or is intended to cause harm. The damage inflicted by violence may be physical, psychological, or both. Farrell, A. D., Meyer, A. L., Kung, E. M., & Sullivan, T. N. (2001)Violence may be distinguished from aggression, a more general type of hostile behavior that may be physical, verbal, or passive in nature. People of any age may be violent, although older adolescents and young adults are most likely to engage in violent behavior. Violence has a number of negative effects on those who witness or experience it, and children are especially susceptible to its harm.

1.3 Effect of violence

Regardless of its cause, violence has a negative impact on those who experience or witness it. Violence can cause physical injury as well as psychological harm. Several psychological disorders, including post-traumatic stress disorder, dissociative identity disorder, and borderline personality disorder, are associated with experiencing or witnessing violence. Garno, J. L., Gunawardane, N.,& Goldberg,J.F. (2008) Other psychological symptoms, Such as depression, anxiety, and mood swings (bipolar disorder), are common in victims of violence.

1.4 Media Violence

Media violence includes all forms of mass communication that depict the threat to use force, the act of using force, or the consequences of the use of force against animate beings (including cartoon characters or other species as well as humans). Krahé, B., Möller, I., Huesmann, L. R., Kirwil, L., Felber, J., & Berger, A. (2011) there are many forms of media,

including TV programs, movies, video games, comic books, and music etc. More than five decades of scientific data lead to the irrefutable conclusion that exposure to violent media increases aggression. About 300 studies involving more than 50,000 subjects have been conducted on this topic.

1.5 Causes of media violence

One point that all researchers seem to agree on is that violence is multicausal, meaning that no single factor is responsible for violent behavior. Instead, violence results from a combination of factors, including those originating in the violent person's social or cultural environment and those representing immediate situational forces. Researchers have examined multiple factors Other forms of violence overlap with these categories, such as child sexual abuse (engaging in sexual acts with a child) and domestic violence (violent behavior between relatives, usually spouses)within a person that may contribute to violence, including genetic predisposition, neuro-chemical abnormalities (e.g., hightestosteronelevels),personality characteristics (e.g., lack of empathy for others), information-processing deficits (e.g., the tendency to view others' actions as hostile), and the experience of abuse or neglect as a child.

1.6 Effects of Media Violence

Exposure to violent media can have several undesirable effects. One effect is that people who consume a lot of violent media become less sympathetic to victims of violence, as they become desensitized to it over time. In one study, people who played violent video games assigned less harsh penalties to criminals than did those who played nonviolent games. People also perceive victims as injured less and display less empathy toward them after exposure to violent media. Research has shown that after consuming violent media, people have lower heart rate and blood pressure in response to real depictions of violence.

1.7 Media Violence and Aggression

Researches on the media and violence examines whether the links between consuming media violence and subsequent aggressive and violent behavior exists. Although some scholars had claimed media violence may increase aggression Freedman, J. L., (2002). this view is coming increasingly in doubt both in the scholarly community Garno, J. L., Gunawardane, N., & Goldberg, J. F. (2008)and was rejected by the US Supreme Court in the Brown v EMA case, as well as in a review of video game violence by the Australian Government(2010) which concluded evidence for harmful effects were inconclusive at best and the rhetoric of some scholars was not matched by good data. The presence of violent images in advertising seen by children has barely been studied, comprehensive research on TV violence is nearly two decades old, video game research hasn't kept pace with current modes of gaming or tracked the content most consumed by youth, and studies of online exposure are nearly nonexistent. The research that has been done tends to use widely varying standards for counting "violence," ranging from studies limited to physical acts of aggression to those that include verbal threats, insults, and even accidental violence. Studies documenting on media content are expensive and time consuming to conduct, and for some media are difficult to design (for example, interactive games and online content). A lack of funding prevents much progress in filling the gaps in this research. Yet children and teens are consuming many hours on media content: an average of more than seven hours of screen media per day (Kaiser Family Foundation 2010). From the research that has been conducted in the past, we can roughly estimate that about 90% of movies include some depictions of violence, as do 68% of video games, 60% of TV shows, and 15% of music videos (Wilson 2008).It seems clear that most young people are seeing many examples of physical violence from the media which they consume every day.

1.8 The Influence of Media Violence in Youth

Research on violent television and films, video games, and music reveals unequivocal evidence that media violence increases the likelihood of aggressive and violent behavior in both immediate and long-term contexts. The effects appear larger for milder than for more severe forms of aggression, but the effects on severe forms of violence are also substantial (r = .13 to .32) when compared with effects of other violence risk factors or medical effects deemed important by the medical community (e.g., effect of aspirin on heart attacks). The research base is large; diverse in methods, samples, and media genres; and consistent in overall findings. The evidence is clearest within the most extensively researched domain, television and film violence. The growing body of video-game research yields essentially the same conclusions.

Short-term exposure increases the likelihood of physically and verbally aggressive behavior, aggressive thoughts, and aggressive emotions. Recently large-scale on longitudinal studies provide converging evidence linking frequent exposure to violent media in childhood with aggression later in life, including physical assaults and spouse abuse. Because extremely violent criminal behaviors (e.g., forcible rape, aggravated assault, homicide) are rare, new longitudinal studies with larger samples are needed to estimate accurately how much habitual childhood exposure to media violence increases the risk for extreme violence.

Well-supported theory delineates why and when exposure to media violence increases aggression and violence. Media violence produces short-term increases by priming existing aggressive scripts and cognitions, increasing physiological arousal, and triggering an automatic tendency to imitate observed behaviors. Media violence produces long-term effects via several types of learning processes leading to the acquisition of lasting (and automatically accessible) aggressive scripts, interpretational schemas, and aggression-supporting beliefs

about social behavior, and by reducing individuals' normal negative emotional responses to violence (i.e., desensitization).

Certain characteristics of viewers (e.g., identification with aggressive characters), social environments (e.g., parental influences), and media content (e.g., attractiveness of the perpetrator) can influence the degree to which media violence affects aggression, but there are some inconsistencies in researchers results. This research also suggests some avenues for preventive intervention (e.g., parental supervision, interpretation, and control of children's media use). However, extant research on moderators suggests that no one is wholly immune to the effects of media violence.

Recent surveys reveal an extensive presence of violence in modern media. Furthermore, many children and youth spend an inordinate amount of time consuming violent media. Although it is clear that reducing exposure to media violence will reduce aggression and violence, it is less clear what sorts of interventions will produce a reduction in exposure. The sparse research literature suggests that counter attitudinal and parental-mediation interventions are likely to yield beneficial effects, but that media literacy interventions by themselves are unsuccessful.

Though the scientific debate over whether media violence increases aggression and violence is essentially over, several critical tasks remain. Additional laboratory and field studies are needed for a better understanding of underlying psychological processes, which eventually should lead to more effective interventions. Large-scale longitudinal studies would help specify the magnitude of media-violence effects on the most severe types of violence. Meeting the larger societal challenge of providing children and youth with a much healthier media diet may prove to be more difficult and costly, especially if the scientific, news, public policy, and entertainment communities fail to educate the general public about the real risks of media-violence exposure to children and youth.

1.9 Studies on Effect of Media Violence

The public discourse about media violence tends to flare up whenever there is an extremely violent incident perpetrated by a young offender. In 2012, there were two incidents in particular that garnered national attention:

- In July, 24-year-old James Holmes walked into a movie theater in Aurora, Colorado, where the new Batman movie The Dark Knight Rises was playing. Seemingly dressed as a character from the Batman movies, with his hair dyed bright red and carrying multiple firearms, Holmes threw tear gas canisters into the crowd and began shooting. Some in the audience thought it was part of a publicity stunt for the PG-13 movie, a film that San Francisco Chronicle movie critic Mick LaSalle later called "a wallow in non-stop cruelty and destruction, a film that was anti-life" (LaSalle 2013). Fifty-eight people were injured, and 12 were killed.
- Six months later, on December 14, 2012, 20-year-old Adam Lanza walked into Sandy Hook Elementary School in Newtown, Connecticut, and opened fire, killing 20 young children and six adults. Amid media reports that Lanza was an avid video game player — and disclosures that major gun manufacturers were receiving lucrative promotional and marketing partnerships through tie-ins with video game studios (Meier & Martin 2013) — a neighboring town launched a video game "buy-back" program offering participants $25 gift cards in exchange for their violent video games. In the aftermath of such tragic incidents, attention often turns to the role that violent media may have played. But despite how it sometimes feels, mass murders in this country continue to be quite rare and affixing "causes" for them is not scientifically possible. Most researchers, whether their specialty is media, psychology, violence, or criminal justice, reject the idea that any single factor can "cause" an otherwise nonviolent individual to become violent, particularly when it comes to violence on the scale of a

massacre. Rather, they speak in terms of a variety of factors that increase the risk that an individual will behave violently — from pushing and shoving on a playground as a child to getting involved in physical fights as a teenager to hitting a spouse or committing other criminally violent acts as a young adult.

Effects of Violent Media on Youth, this section of the research will summarize in brief some of the key research on the effect of media violence on violent behavior.

- In order to limit its scope to the most essential questions, the brief will focus only on violent behavior, not on aggressive thoughts or words or on related issues such as desensitization to violence or children's fears of victimization.
- Of the three main types of "effects" research available—experimental, correlational, and longitudinal — this review will be limited to longitudinal studies, which, although there are far fewer of them, are acknowledged by those on all sides of the issue to be the best way of assessing causality and directionality in the real world. Longitudinal studies track the same group of young people over a period of time — sometimes as many as 30 years—monitoring the types of media they consume and the behavior they engage in through teachers, peers, or self reports. In addition to being able to identify causal relationships if conducted appropriately — for example, linking media consumed at one point in time with aggressive behavior at a later point in time—longitudinal studies can also help attribute the directionality of the causal relationship (i.e., whether aggressive people seek out more violent media or violent media causes people to become more aggressive). However, longitudinal studies are expensive and time consuming and inevitably lag behind the most popular media of the day.

1.10 Schema Focus Therapy

The word "schema" is utilized in many fields of study. In general terms, a schema is a structure, framework, or outline. In early Greek philosophy, Stoic logicians, especially Chrysippus (ca. 279–206 B.C.), presented principles of logic in the form of "inference schemata" (Nussbaum 1994). In The term "schema" has an especially rich history within psychology, most widely in the area of cognitive development. Schema is a pattern imposed on reality or experience to help individuals explain it, to mediate perception, and to guide their responses. A schema is an abstract representation of the distinctive characteristics of an event, a kind of blueprint of its most salient elements. In psychology the term is probably most commonly associated with Piaget, who wrote in detail about schemata in different stages of childhood cognitive development. Within cognitive psychology, a schema can also be thought of as an abstract cognitive plan that serves as a guide for interpreting information and solving problems. Thus we may have a linguistic schema for understanding a sentence or a cultural schema for interpreting a myth. Moving from cognitive psychology to cognitive therapy, Beck (1967) referred in his early writing to schemas. However, in the context of psychology and psychotherapy, a schema can be thought of generally as any broad organizing principle for making sense of one's life experience. An important concept with relevance for psychotherapy is the notion that schemas, many of which are formed early in life, continue to be elaborated and then superimposed on later life experiences, even when they are no longer applicable. This is sometimes referred to as the need for "cognitive consistency," for maintaining a stable view of oneself and the world, even if it is, in reality, inaccurate or distorted. By this broad definition, a schema can be positive or negative, adaptive or maladaptive; schemas can be formed in childhood or later in life.

Schema therapy is an innovative, integrative therapy developed by Young and colleagues (Young 1990) that significantly expands on traditional cognitive-behavioral treatments and

concepts. The therapy blends elements from cognitive-behavioral, attachment, Gestalt, object relations, constructivist, and psychoanalytic schools into a rich, unifying conceptual and treatment model. Schema therapy provides a new system of psychotherapy that is especially well suited to patients with entrenched, chronic psychological disorders which have been considered as difficult to treat. In our clinical experience, patients with full-blown personality disorders, as well as those with significant character logical issues that underlie their Axis I disorders, typically respond extremely well to schema-focused treatment (sometimes in combination with other treatment approaches).

1.11 A few examples of maladaptive schemas include:

- **Defectiveness / Shame:** People who believe that they are fundamentally unloveable may sabotage their relationships because they are afraid of being abandoned.
- **Emotional Deprivation:** People who believe that other people will not meet their needs may end up in relationships with people who are emotionally neglectful.
- **Social Isolation:** People who hold a schema that they are separate or unaccepted in the world may isolate themselves from others.
- **Enmeshment:** People who hold a schema that they cannot be happy or successful without the support of other people, often family members, may become overly dependent on their loved ones. They may lack a sense of direction, autonomy, and individuality.

Not everyone responds to early schemas in the same ways. Schema therapy suggests that there are three primary coping styles that people use to deal with these beliefs.

Surrender causes people to engage in behaviors that reinforce their existing beliefs.

- Avoidance leads people to try to avoid any situation that triggers feelings of fear or vulnerability.

- Surrender/Dependence leads to pleasing attitude in people and submissive kind behavior to avoids conflict.
- Overcompensation involves engaging in behaviors that act in opposition to the belief, often to an extreme degree.

1.11 The Treatment Model Underlying Schema Focus Therapy

After determining your core schemas, a therapist might use the following techniques:

- **Limited re-parenting**: Providing some of the emotional needs that were unmet in childhood and adulthood.
- **Empathetic confrontation**: Validating a coping style before challenging it with reality
- **Imagery re-scripting**: Helping someone re-experience a stressful or traumatic memory and "re-script" it with a more helpful perspective
- **Chair work**: Role-playing exercises where the patient speaks to important people in their life
- **Mode work**: Replacing negative coping modes with positive adaptive modes
- **Cognitive behavioral therapy (CBT)**: Changing behaviors through exercises like challenging schemas, exposure (slowly facing fears until they are no longer intimidating), and mindfulness (letting feelings pass through the body instead of avoiding them)

Review of literature

Any research project is grounded through the use of a thorough literature evaluation conducted by the researchers. Understanding the deep pool of research, that has already been done in the present area, gives a perfect direction from the gaps left in between the findings of the past which requires further focus and exploration. The review of literature is a chapter

which helps the researcher to understand the journey of research works in the area of interest from a very long period back in time to the present date. This literature helps any researcher to clearly ground their research study and to create objectives and hypotheses with much more clarity. The different research methodologies used by the earlier researchers opens abroad spectrum of methods that can be used in the further studies and also helps in pinpointing to the drawbacks of many of the method options, which includes the plenty of available tools, instruments and other measures. It can also improve the researchers' ability to select the most appropriate statistical technique required to confirm their research study's findings. A clear understanding among the variable of concern and the different other variables that are related closely or pretty unrelated with these can be brought together through the analysis of the previous research which makes the process of collecting literature review a very significant process of any research works.

In the realm of psychological research, the crucial foundation lies in an exhaustive exploration of existing literature. This process not only illuminates the historical trajectory of research but also identifies gaps necessitating further investigation. This review explores the vast body of research on schema focus therapy and its effects on several aspects of psychology.

The main objective of the current study is to use schema focus therapy on youth effected through media violence, aggression, while also improving their schema, emotional regulation and psychological well-being among youth. Although Schema Focus Therapy effectiveness in treating psychological problems has drawn attention, there is still a lack of research that focuses on how schema focus therapy affects aggression, violence, psychological well beings, emotional regulation and schema of the youth.

The clinical features of the media violence are broadly similar in the adolescent and adults (Beckley and Pretzer2013) despite, research evidence and popularity among practitioners, ST

is not free of theoretical criticisms practical challenges (James 1996) and research gaps (Pilkington et al., 1970). First, as pointed out by (James1990 and James et al., 1996)the concept of "schema", which is central in ST, is often unclear and confused with related concepts in the literature (e.g., schemata, deep structures, core beliefs, core structures, tacit knowledge core beliefs, self-referent beliefs) from this perceptive, imagery associating the octopus metaphor and the clients' HA is bound to help clients meet their emotional needs, which, by nurturing and protecting the vulnerable child mode and moderating or setting limits on dysfunctional modes (Pilkington et al.,2013)are the ultimate goals of Schema focus Therapy.

Studies on the subject of schema focus therapy on youth effected by media violence

The status of pertinent studies on media violence has been reported by other federal agencies (Federal Trade Commission, 2000) and Eron, Gentry, and Schlegel in a 1994 paper for the American Psychological Association. In fact, on July 26, 2000, six professional associations in the fields of medicine and public health convened a Congressional Public Health Summit and released a Joint Statement on the Effects of Entertainment Violence on Children."Entertainment violence can lead to increases in aggressive attitudes, values, and behavior, particularly in children," according to this statement. The data "overwhelmingly points to a causal connection between media violence and aggressive behavior in some children," the statement added in its conclusion (Joint Statement, 2000). The American Medical Association, American Psychological Association, American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and American Psychiatric Association were the six signatory organizations. These reports and growing public concern sparked an investigation into ways to lessen the negative effects of media violence, which helped pave the way for the 1996 Telecoms Act, which required new TV sets to be produced with a V (for violence)-chip that permits.

It's time for a reevaluation of the scientific literature about the impacts of media violence on youth and the ways in which these effects can be lessened, for a number of reasons. The amount and variety of research on violence on television is still expanding. Furthermore, there are significant changes taking place in the entertainment and media scene, some of which have sparked new study directions. The emergence of new media, especially interactive media like video games and the Internet, has created new avenues for the exposure of kids and teenagers to violence. It is important to weigh the contributions of these new media to the rise in juvenile violence in the context of both recent and established theories. In particular, it is advised to. This study is also necessary to be presented because of the contradiction that exists between the real research results and the adamant claims of a few noisy critics. In other words, despite mounting evidence of the harmful impacts of media violence and growing agreement among experts in the field about these effects, some still maintain that media violence has a negative impact on young people (Fowles, 1999; Freedman, 1984, 2002; Rhodes, 2000). The fact that recent news reports suggest that the scientific evidence is weaker than earlier news reports, despite the fact that the scientific evidence has grown significantly over the past three decades, is another indication of this difference in viewpoints, according to a recent statistical analysis of the media-violence research (Bushman & Anderson, 2001).

Research studies related to schema focus therapy and media violence exposure

For this study, a descriptive survey research methodology was applied. Ojewola (2014) examined adolescent aggression and observed that it stems from media portrayals of violence as a major psychological, emotional, and physical problem. The secondary school pupils in the Ogbomoso zone were the study's target population. Six secondary schools were chosen

from among the forty public secondary schools by a simple random selection technique, and two private schools were chosen from the twelve feasible ones. A total of 400 people were selected to participate in the research. The Influence of Media Violence on Aggressive Behavior Questionnaire, or IMVABQ, was used for the analysis. The research also demonstrated that aggressive behavior was significantly influenced by media violence, irrespective of age.

Kewalramani and Pandey (2016) investigated how young adults' attitudes on crime serials, their emotional states, and their degree of violence were all impacted by crime serials. They employed two variables: the participants' access to crime film served as the independent variable, and the impact of the footage on the degree of violence and the range of emotions in young people served as the dependent variable. Incidental sampling was used in an exploratory research with Amity University students. The crime series "Nithari Kand," which was based on a well-known real-life event, is mostly viewed by participants, according to research observations. Most participants were drawn to crime dramas because they were either individuals with backgrounds in mass media or experts in that field.

The study's research methodology, as described by Sadiq, A. S. (2004), is a hybrid approach that blends qualitative and quantitative techniques. The sampling frame for the study was randomly selected to include the whole nation of India. The secondary data from various parts of the nation have been used. Facebook, WhatsApp, Twitter, Instagram, and other social media channels were used to distribute the Google poll questionnaire. Qualitative research is also used as a study method. The quantity of violence that has been documented and its relationship to the media consumption and violent behavior of teenage youth have both been found. According to the investigation, a major number of the youth have changed their lifestyles as a result of spending a larger amount of their waking hours glued to online media. Usually, these marvels will disrupt their dietary habits, sociability activities, outdoor

activities, sleep routine, and other aspects of their lives. They will therefore act differently as a result of this example and become more violent and annihilation-prone. Either raise the price as much as feasible or implement practical measures to restrict usage to certain hours are the two options available for solving this issue.

In 2020, S. Arul Prabakaran and J. Venkatachalam make an effort to investigate the relationship between the use of the internet, aggressive behavior, and psychological health among undergraduate students. Data for the study were gathered by a survey using the Internet Usage Scale (IUS), Aggression Questionnaire (AQ), and Scales of Psychological Well-Being (SPWB). The sample consisted of 2993 undergraduate students in and around Salem, Tamil Nadu. As per the Telecom Regulatory Authority of India (TRAI), a government-established statutory agency, Tamilnadu boasts the highest number of broadband internet subscribers nationwide. The growth rate rises as a result of their extremely low internet service fees. This illustrates how more individuals are using the internet. It is clear from the correlation analysis's results that there was a robust correlation exists between the factors our study looked at (Internet usage, aggression, and psychological well-being).

Research studies related to schema focus therapy and aggression

The majority of research on the consequences of media violence has focused on passive visual media, or media that viewers merely watch, such as music videos, dramatic television shows and movies, and television news. A small number of studies have, however, also been conducted on interactive visual media, such as video games and the Internet, which allow users to interact with the media in addition to just observing it. Both types of studies are examined in this section. We start with experimental investigations within each genre, where cause and effect are clear but consequences are seen quickly. These trials, of necessity, tend to produce verbal aggressiveness, violent ideas, or hostile feelings, or else non-lethal bodily hostility. After then, surveys and cross-sectional research are used to give an overview.

Consider the relationship that existed at one point in time between people's aggressive behavior and their habitual consumption of violent media. Although more severe types of physical aggressiveness are frequently covered in these surveys, the approach used here is not as definitive in establishing a cause and effect relationship as experimental research is. We wrap up our review by looking at the impact of teens' regular intake of violent media on their later-life violent and aggressive conduct for those genres for which longitudinal research are available. Longitudinal studies frequently look at severe physical violence, just like cross-sectional studies do, but they typically offer stronger evidence for the causative factors than do cross-sectional research.

According to Laxmi M. and Deepthi V., the study's authors, schema focus treatment has been utilized extensively since the 1979s as a successful strategy for a range of psychiatric conditions (2021) Higher scores on Internet usage are linked to worse psychological well-being and higher levels of hostility. Teenagers' levels of aggression and media violence, as well as the association between the two, were found to be positively correlated with internet use and negatively correlated with psychological health. Purposeful sampling was utilized to choose a sample of 80 young persons, consisting of 45 males and 35 females, for the study. Two surveys were sent to young individuals (ages 18 to 25) through an online survey. The Buss Perry Hostility Questionnaire had 29 items designed to gauge young people's hostility. The degree of media exposure was calculated using the content-based media exposure scale (A.H. Den Hermer). They employed Pearson product moment correlation in addition to descriptive statistics. Young people's aggression and media violence are closely associated.

The effects of violent media, both immediate and long-term, on aggression in children and adults were examined by Bushman and Huesmann (2006). They employed a meta-analytical strategy with participants that included both adults and children. It has been established that adults are more susceptible to the long-term effects of violent media than are children, with

children being more susceptible to the acute consequences. The findings also demonstrate that children's aggressive behaviors, thoughts, feelings of anger, and arousal levels are significantly and somewhat impacted by media violence exposure. They concluded that children can acquire scripts, schemas, or beliefs for long-term outcomes with less interference and effort than adults can through observational learning, whereas adults can prime well-encoded scripts for short-term benefits.

Devilly and Ward's 2007 study examined how video games affect teenagers. Some researchers concluded that playing video games had no positive nor harmful effects, while other researchers found the opposite. Teens' levels of fury were measured prior to, during, and following a violent video gaming session. The findings indicated that although the majority of people's levels of anger had not changed, some had seen rises and some had seen declines. They also showed how the player's violent temperament and pre-game mood acted as a mediating factor in these alterations.

Anderson et al. (2010) investigated the effects of prosocial behavior, empathy, and hostility in video games. All six outcomes—aggressive behavior, aggressive cognition, aggressive affect, physiological arousal, empathy/desensitization, and prosocial behavior—were found to have substantial effects based on the meta analysis. They claimed that the patterns in the data for various outcomes and study methodologies closely aligned with theoretical expectations. The findings demonstrate that while playing violent video games reduces prosocial behavior and empathy, it increases aggressive behavior, aggressive cognition, and hostile emotion. Significant research design effects were found in the moderator analyses, but little evidence of cultural differences in susceptibility was found.

Saw the study of media and physical aggressiveness by Sarah M. Coyne(2015). In the current study, he examined the long-term associations between eventual violent behavior and watching relationally hostile TV. 467 youths participated in the study, answering multiple

questionnaires concerning media and aggression three times. The results showed that relational aggression in the future might be predicted by viewing relationally aggressive behavior on television. However, over time, aggressive behavior and violent TV shows were found to be mutually associated. There was no long-term evidence for a TV-related effect generally since all significant media impacts were limited to the type of aggressiveness witnessed. These results support the general aggressiveness hypothesis and suggest that media representations of interpersonal conflict may influence teenage aggression in the long run.

Research studies related to schema focus therapy and Young Schema

The main focus of Louis Jinot Belle's (2017) research is on presenting, discussing, and summarizing the major elements influencing teens' behavior in secondary school. Because the adolescent student is typically going through a trying time, influential people in his or her life may have a detrimental effect on the student's behavior at school. The findings demonstrate that new media, families, the school, the community, and peer pressure all have a detrimental effect on adolescents' behavior. It concludes that since teaching children socio-emotional skills will likely raise their social competence, these same systems should aim to teach them. The notion that disruptive student behavior is a socio-emotional issue necessitating socio-emotional solutions may aid in its elimination.

A. Berger (2011). Desensitization to media violence: associations with aggressive thoughts and actions, as well as regular exposure to media violence. A study conducted in looked at how desensitized a sample of male and female students was to violent television content. According to their findings, when a person routinely consumes violent media content, their physiological activity when exposed to violent media is reduced. Both men and women in the sample showed a strong correlation between regular exposure to violent media and

heightened arousal in response to violence. The sample also revealed a strong correlation between readily available aggression cognitions and higher media violence consumption.

Roberts, Christenson, and Gentile (2003) provided an overview of an unpublished study's findings, which indicated a favorable relationship between children in the third through fifth grades' MTV watching habits and physical altercations. Furthermore, peers evaluated children who viewed a lot of MTV as having higher levels of verbal, relational, and physical aggression than other kids. Instructors assessed them as less helpful, more physically violent, and more relationally aggressive.

Several studies suggest a connection between the kind of music youths listen to and whether their behaviors and attitudes are maladaptive. Found that college students who preferred rap and heavy metal music reported more hostile attitudes than students who favored other genres of music. Heavy metal listeners held more negative attitudes toward women, whereas rap music fans were more distrustful. Similarly, Took and Weiss (1994) found a correlation between preference for rap and heavy metal music and below-average academic performance, behavior problems in school, drug use, arrests, and sexual activity. Still other studies have obtained correlations between music preferences and a variety of maladaptive behaviors. But these studies have not specifically linked lyric preferences to those behaviors.

Bamelis et al. (2011) modified the SMI (Young et al., 2007) into the Schema Mode Inventory II (SMI-II) to assess all relevant SMs for the six PDs that the study focused on. Eighteen SMs were measured using 18 subscales, each with between 6 (Attention-Approval Seeking) and 13 (Detached Protector) items rated on six-point Likert scales, reflecting the frequency of manifestation of the item. Higher scores on a specific subscale are associated with a more frequent manifestation of the schema mode. The reliability scores for the subscales were found to range from 0.85 (Enraged Child) to 0.95 (Lonely Child) (Bamelis et al., 2011). An overview of the modes measured by the SMI is presented in Table 1. Given the high

correlation ($r = 0.90$, $p < .001$) between the Lonely Child mode and Abandoned and Abused Child mode, these two modes were averaged and entered into the analyses as Vulnerable Child.

Research studies related to schema focus therapy and psychological well being

Research approaches can be identified in the literature concerning the relationships of media violence affected psychological well beings factors and personal and social resources to exposure to violence and outcomes. One approach considers the intervening factors and personal and social resources as moderating factors. For example, Berman, Kurtines, Silverman, and Serafini (1996) found that social support and coping strategies moderate between exposure to violence and stress.

Parenting practices, according to Lanclos (2002), act as a moderator between community violence and outcomes related to academic performance, social skills, and self-concept. The alternative method views societal and personal resources as well as intervening elements as mediating factors. For instance, Rost (1999) examines religiosity as a mediating factor in the relationship between collegiate athletes' mental health and attribution style.

According to Linares et al. (2001), there is a mediating role of mother anxiety in the relationship between early childhood behavioral disorders and exposure to community violence.

Self-control has been proposed by Finkenauer et al. (2015) as a mediating factor between social and personal well-being and familial violence. According to the current research, there may be a mediating role played by the previously described factors, such as self-control and wellbeing, between physical aggression and exposure to violence. This approach is based on two categories of earlier research: research demonstrating that exposure to violence has detrimental effects on the previously mentioned intervening variables (O'Keefe, 1994; Sternberg et al., 1993); research demonstrating that the intervening variables have different

effects, such as aggressive behavior (Abu-Raiya & Agbaria, 2015; Agbaria et al., 2012; Agbaria et al., 2014; Al-Issa, 2000; Aspinwall, 1998; Csibi & Csibi, 2011; Galambos et al., 2006; Isen, 2000).

In reference to the first kind, family violence can cause social relationships to break down, as the literature review notes (Australian Childhood Foundation, 2015). This could reduce the social support system available to individuals who are subjected to family violence. A loss of culture follows this decline in social support, and a loss of culture leads to a loss of identity (ibid). It is therefore anticipated that this identity loss will be correlated with unfavorable results in the other two intervening variables, psychological well-being and religion. With regard to the second kind, it is anticipated that low levels of each intervening variable will result in high levels of aggressive conduct and a reduction in the individual's access to protective resources. For instance, elevated familial and social support are associated with reduced levels of violence (Galabos et al., 2006; Csibi & Csibi, 2011). Moreover, aggressiveness is inhibited by high levels of self-control (Dewall, Finkel, & Denson, 2011).

2.0 Problem to be investigated

The present research will evaluate the Effectiveness of schema focus therapy among youth effected through media violence. The researcher also focused on how to overcome or minimize the level of aggression, emotion regulation, media violence, reframing the schema and psychological well-being among youth effected through media violence with the help of schema focus therapy. The topic of the study will be stated as "Effectiveness of schema focus therapy among youth effected through media violence."

3.0 Objectives of the investigation and motivation

Objectives of the research

1. To study the application of schema focus therapy in Young Schema among youth effected by media violence.
2. To investigate the application of schema focuses therapy in aggression among youth effected by media violence.
3. To study the application of schema focus therapy in emotional regulation among youth effected by media violence.
4. To explore the application of schema focus therapy in media violence exposure among youth effected through media violence.
5. To study the impact of schema focus therapy in psychological well-being among youth effected by media violence.

Motivation of the research

The motivation behind this study is to understanding the impact of Media Violence which significantly influences youth behavior and mental health. Schema Focused Therapy can provide insight into how these experiences shape maladaptive schemas and coping mechanisms. Exploring Schema Focused Therapy's effectiveness in this context can lead to better therapeutic interventions tailored for youth exposed to media violence, potentially

reducing the symptoms of trauma, aggression and emotional dysregulation. By studying this therapy we will be able to identify strategies to foster resilience and prevent the development of harmful schemas, and promote healthier psychological outcomes in youth. Media violence can impact individuals differently based on their pre-existing schemas. Schema therapy might offer personalized approaches to address these unique influences and needs. So, this research could enhance therapeutic practices and support systems for youth impacted by media violence, leading to improved mental health outcomes and well-being.

4.0 Research hypothesis

The following hypotheses have been formulated for the present study:

1. There will be no significant difference in the young schema of the youth effected by media violence after the schema focus therapy treatment as compare to treatment as usual.
2. There will be no significant difference in the aggression of the youth effected by media violence after the schema focus therapy treatment as compare to treatment as usual.
3. There will be no significant difference in the emotional regulation of the youth effected by media violence after the schema focus therapy treatment ass compare as usual.
4. There will be no significant difference in the media violence exposure of the youth effected by media violence after the schema focus therapy treatment as compare to treatment as usual.
5. There will no significant difference in the psychological well-being of the youth effected media violence after the schema focus therapy treatment as compare to treatment as usual.

5.0 Research Design and methodology

The Sample

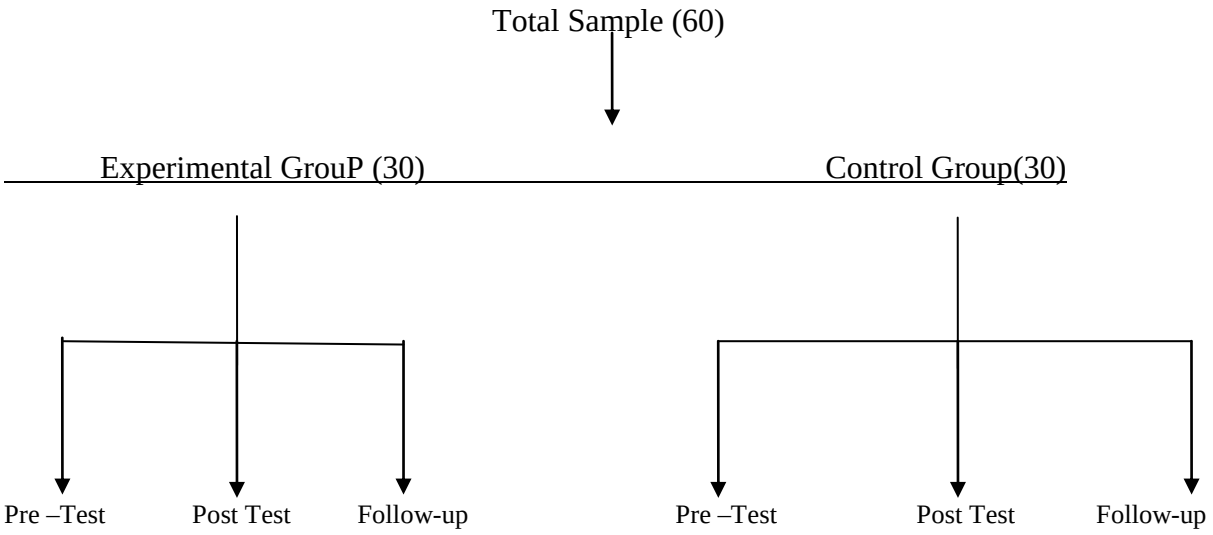
This study will be conducted to explore the effectiveness of schema focus therapy on different outcome variables in youth affected by media violence. The sample of the proposed study will be selected from colleges of Ranchi University, Ranchi. The sample will be selected by using Purposive sampling technique. Sample size will be 60, Equal numbers of participants were assigned to the experimental and control groups. Thirty youth affected by media violence cases will be placed in the experimental group, receiving schema focus therapy along with standard care, and thirty participants effected through media violence placed in the control group, receiving standard care only. Both groups will be assessed similarly by using same assessment tools which is mentioned in the study. The Participant who will willing to provide consent for the study, will be chosen as sample in accordance of inclusion and exclusion criteria of the study. Both groups will be assessed on different outcome variable first before beginning the therapy second after three months and then lastly after needed for clarity or future implications.

Table No 1

Sample Design

Groups (total Sample-60)	**Pre –test Assessment**	**Intervention** Total number of session 10-12, Duration-40-45mintus	**Post-test Assessment**	**Evaluation of Efficacy**	**Follow-up Assessment**
SFTGroup (Experimental - 30)	Administration of selected tool	Schema Focus Therapy	Re-administration of selected tool	Comparison between Pre test and posttest scores	Re-administration of selected tool
Treatment As Usual Group (Control - 30)	Administration of selected tool	Treatment As Usual	Re-administration of selected tool	Comparison between Pre test and posttest scores	Re-administration of selected tool

Flow chart1



(As per the aim, objectives and hypotheses of the study experimental group and control group will be compared)

Venue: The study will be conducted at different Colleges of Ranchi University, Ranchi.

5.1 Inclusion criteria

1. As par availability both male and female participants will be included.
2. Aged between 18-35 years.
3. Participants who are able to comprehend Hindi/English language.
4. Participants who scored high on media violence exposure scale.
5. Participants who gave informed consent.

5.2 Exclusion criteria

1. Individuals who had any other psychiatric illness or chronic physical illness, organic disorder or mental retardation.
2. Participants who have any legal history of media violence.
3. Uncooperative participants.
4. Participants who does not have exposure/less access of media.

6.0 Sources of Data and Tools to be used in collection of data

6.1 Sources of Data

Data required for the present study will be conducted from two major sources, such as Primary and Secondary. Major part of the data will be collected through primary source. Information of Primary source will be collected from youth of colleges of Ranchi University, Ranchi. Youths who will score high on media violence exposure scale or fulfilling the inclusion and exclusion criteria of the study, will be selected for the study. Information of Secondary source will be collected from Books, Articles, Reports which will provide a variety of information regarding media violence, causes of media violence and factors effecting to it or promoting it, and its impact on youth.And how schema focused therapy will be beneficial for these issues as well for the adding or introducing this intervention in the field of research.

6.2 Tools used for the data collection

The following tools will be used:

- Socio-demographic and clinical data sheet
- Young Schema Questionnaire
- The Buss Perry Aggression Questionnaire (BPAQ)
- Emotional regulation Questionnaire (ERQ;Gross and John-2003)
- Media Violence Exposure Scale (MVES)
- Psychological well-being questionnaire

6.3 Description of tools

Socio-demographic data sheet:

This has consisted all the socio demographic details regarding the participants as name, fathers name, address, age, sex, marital status, religion, education, occupation, family

income, family type, with clinical details as history of past illness, treatment history (medical & psychological), family history, personal history, Pre-morbid personality.

Young Schema Questionnaire (YSQ-L2; Young & Brown-1990)

The extended version of the self-report questionnaire, known as the Young Schema Questionnaire (YSQ-L2; Young & Brown, 1990), evaluates 18 maladaptive schemas. Age Ranges between 18-34 young age group. On a 6-point Likert scale, patients score how accurately each item represents them. Test-retest coefficients in non-clinical samples range from 0.50 to 0.82, while alpha coefficients for each schema in studies range from 0.83 to 0.96. It has been demonstrated that primary factors map onto Young's schemas and that convergent and discriminant validity exist. Various schema measures were employed in all the investigations. These included eleven researches that used the Young Schema Questionnaire (YSQ; Young, 1990), albeit the forms that were detailed ranged from the lengthy form (Young & Brown, 1990) to the short form (1998). Owing to modifications, the third iteration of the YSQ included three new schemas.

The Aggression Questionnaire (Buss and Perry-1992)

In psychology research, the Buss Perry Aggression Questionnaire (BPAQ), a self-reporting assessment, has been frequently used to evaluate an individual's level of aggression. It was created in the 1990s by Mark Perry and Arnold H. Buss as a way to measure adult hostility over a wide range. The age range of this questionnaire is 19 to 39. Aggression is divided into four main categories by the BPAQ: hostility, rage, verbal aggression, and physical violence. All of these categories are meant to encompass many ways that aggressive conduct and tendencies show up, from outward acts to inward emotions and animosity-producing tendencies. Respondents score their agreement with each statement on a Likert scale across 29 items in the measure. Examining aggressiveness as a complex behavior that is not just

confined to overt behaviors is made easier by this arrangement. Actual violence, but also encompasses hostile thoughts, rage-filled emotions, and verbal assault.

Media Violence Exposure Scale (MVES; Krahé and Möller-2017)

A 25-item survey called the Media Violence Exposure Scale (MVES) is used to gauge a person's exposure to violence in a variety of media, such as music, movies, video games, and television. This scale age range will be 18 to 35. The measure was created by Krahé and Möller (2017), and studies on media violence have made extensive use of it. On a 5-point Likert scale, from "never" (1) to "very often" (5), participants answer to each item. Higher scores on items 7 through 12 imply lower amounts of exposure to media violence because these items are reverse-scored. The answers to each item are added up to determine the MVES score. Higher scores indicate greater exposure to media violence. The total score can vary from 25 to 125. Concerns about MVES include its dependence on self-report measurements, the inability to distinguish between various forms of violence, and the possibility of social desirability bias in reactions.

Psychological well-being scale (PWB; Ryff-1995)

Psychological Well-Being Scale (PWB): This scale includes 84-items (14 items per subscale) and measures 6 components of self-acceptance; positive communication with others; self-determination; environmental mastery; personal growth, and purposefulness in life. The scale is a self-assessing instrument, i.e., responded on a 6-point Likert-type scale, ranging from strongly agree to strongly disagree (1-6) (Ryff 1989). The total score for this scale ranges from 84 to 504. A higher score indicates greater PWB. In the present study, the total score of the questionnaire was considered. Luș trea, Al Ghazi and Predescu (2018) reported the reliability of the scale as 0.87 using Cronbach's alpha coefficient. Bayani, Koochekya and

Bayani (2008) reported Cronbach's alpha coefficient of 0.82 for the Persian version of this scale. The relevant Cronbach's alpha coefficient was computed as 0.88 in the present study.

3.9 Therapy Module

Therapy module will be adopted from Young Jeff (1990) work. In the present sessions will be given to each patient. The details of each session are as follows:

Session 1

- Explore previous approaches to coping with issues of violence and aggression.
- Discuss the continuum between aggression, emotional regulation, self esteem and psychological well-being issues and more ordinary private events.
- The problem is not symptoms per se, but how one responds to them.
- Describe the option of just noticing thoughts rather than believing and acting on them.

Session 2

- Distancing exercise
- Taking your mind for a walk exercise
- Successful working: Engage in behaviors that work toward desired goals
- Medication compliance is an issue of workability, allowing other goals to be pursued

Session 3

- Review of previous session
- Describe their specific symptoms in detail, how distressing they are
- The futility of attempts to control unwanted thoughts

Session 4

- Review of previous session
- Letting go of the struggle with private events
- Accepting one's problems even though one may not like them

Session 5

- Review: Accepting symptoms rather than trying to get rid of them
- Distinguishing between their descriptions and evaluations of private events
- Normalize thought processesthat are often negatively evaluated

Session 6

- Review of previous session
- Specify valued goals
- Past attempts to control symptoms may have interfered with goal attainment
- What action is in one's best interest depends on the context
- Contexts in which given responses to symptoms may be more or less workable

Session 7

- Focusing on process rather than content as a means of emotion regulation with symptoms
- Purpose of coping is not to decrease symptom frequency, but to carry out valued activities whether or not

Session 8

- Review: continuity of symptoms with normal private events
- Review: acceptance of symptoms
- Review: distinguishing process from content
- Review: distancing from private events
- Review: successful working toward the attainment of individual goals

(Duration of therapy will be 4-6 weeks and no of sessions will be 8-10)

7.0 Plan of analysis

The following statistical analysis will be used to analyses the obtained data:

Appropriate statistical method will be applied by using appropriate version of SPSS 24.0 version.

1. Since the sample size is 60, parametric test will be used.
2. To analyze socio- demographic variable in group difference between experimental group and control group, Chi- Square test will be applied.
3. To analyze group difference at baseline data of schema focus therapy experimental and control group, Independent t-test and ANOVA will be applied.
4. In this tests Chi-Square analysis are used for categorical variable, t-test for continuous variables.
5. ANOVA will be applied for comparison between pre, post and follow-up assessment of experimental and control groups.
6. Apart from these, for descriptive purpose percentage means, and standard deviations will be calculated as a level of significance.

8.0 Significance of the study

The present study will demonstrate the application of Schema focus therapy focuses on identifying and altering maladaptive schemas and coping styles. Youth exposed to media violence might develop negative schemas about themselves and others, impacting their emotional and social functioning. Exposure to media violence is linked to increased aggression, anxiety, and depression in youth. Schema therapy could provide a structured approach to addressing these mental health issues by targeting underlying cognitive distortions and promoting healthier coping mechanisms. Researching schema therapy in this context contributes to the broader field of psychological treatments by providing evidence on

its applicability and effectiveness for a specific issue, thus this study could lead to better therapeutic options and preventive measures for youth affected by media violence.

9.0 Its relevance to present day problem and needs for the society

Schema therapy is a form of cognitive-behavioral therapy that focuses on identifying and changing deeply ingrained patterns or "schemas" that influence how individuals perceive and respond to the world. For youth affected by media violence, schema therapy can be particularly relevant and effective because media violence can contribute to the development of maladaptive schemas related to aggression, mistrust, or fear. Schema therapy helps in identifying and addressing these negative schemas that may have been reinforced by violent media content.

By working on these schemas, schema therapy can help youth develop healthier ways of coping with stress and negative emotions, potentially reducing the impact of media violence on their behavior and mental health.The increasing exposure to violent content, addressing the impact of media violence has become more urgent. The rising concerns about mental health among youth, including anxiety, aggression, and desensitization, highlights the need for effective therapeutic approaches like schema therapy to address underlying issues.As media violence can influence social behavior and attitudes, schema therapy can play a role in fostering healthier attitudes and behaviors among youth.

10.0 Contribution to the existing knowledge

This study could provide insights into how schema therapy helps youth develop healthier coping mechanisms, alter maladaptive schemas, and improve emotional regulation in response to the effects of media violence. This study could offer empirical evidence supporting schema therapy as an effective intervention for mitigating the negative psychological effects of media violence, potentially guiding clinicians in treatment

approaches. By focusing on this demographic, the study could reveal how media violence impacts youth psychological development and how schema therapy can be adapted to address these unique challenges. Particularly concerning media-related challenges faced by youth.

11.0 Future work

In future this study will be affective in examining the sustained impact of schema therapy over extended periods to determine if its benefits persist and how they evolve. Developing and testing tailored schema therapy techniques to address specific issues related to media violence, such as aggression, anxiety, or distorted beliefs. This research could be beneficial in assessing the effectiveness of schema therapy across different demographic groups to ensure its applicability and effectiveness among diverse youth populations. This study will boost the understanding of underlying mechanisms through which schema therapy impacts youth affected by media violence, including how it alters cognitive and emotional responses. These areas of focus can help refine schema therapy approaches and better support youth dealing with the negative effects of media violence.

Tentative chapters

There will be following five chapters in the research report of the proposed research:

Chapter 1: Introduction

Chapter 2: Review of literature

Chapter 3: Methodology

Chapter 4: Analysis of Data

Chapter 5: Summary and conclusion

References

Appendix

Note: The research proposal is tentative which may be modified according to the availability of data, tools *and other unforeseen conditions*.

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